

## Stipend Reimbursement Form

Date of Meeting/Event: \_\_\_\_\_

Name of Parent/Youth/Family Member: \_\_\_\_\_

Address to mail payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for Meeting/Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of Meeting/Event: (complete one of the following depending on whether your reimbursement is based on an hourly or day rate.)

\_\_\_\_\_  
Start and end time of meeting or event

\_\_\_\_\_  
Total time in meeting or event

OR

Number of days attending meeting or event: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Youth/Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Meeting/Event Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency responsible of payment/reimbursement

\_\_\_\_\_  
Date